

What You Should Know About Hormonal Contraception

Hormonal contraception is a popular form of birth control for many reasons: it is reliable, easy, effective, and safe for most women. It is also available in a wide range of options—which can make it hard to decide which one is right for you.

What options do I have?

Hormonal birth control—regardless of the method—contains the female hormones estrogen and progestin, or progestin only. The hormones are delivered in a variety of ways:

- **Pill.** The type that contains estrogen plus progestin is extremely effective (2 to 3 pregnancies per 100 women who never miss a pill). The type that contains progestin only (mini-pill) is an option for women who should not take estrogen, have migraines, or have high blood pressure. The effectiveness of the mini-pill is similar to that of the pill. The 3 regimens, based upon how frequently you would like to have periods are:
 - 21/7 (monthly period)
 - 84/7 (periods every 3 months)
 - 365 (no scheduled periods).
- **Patch.** Applied once a week for 3 weeks, it works transdermally (through the skin) and contains estrogen and progestin. It is as effective as oral contraceptives like the pill and mini-pill, but efficacy appears to decrease slightly in women who weigh more than 198 pounds.
- **Vaginal ring.** This is a flexible plastic ring that is inserted into the vagina and worn for 3 weeks. Neither you nor your partner can feel it. It is very effective, with only 1 pregnancy per 100 women.

- **Injectable.** This contraceptive is injected into a muscle once every 3 months. The effectiveness rate is less than 1 pregnancy per 100 women.
- **Intrauterine contraception (IUC).** This is a small plastic or copper intrauterine device (IUD) placed in the uterus by the health care provider. The copper IUD is good for 10 years. The other contains progestin and can be left in place for 5 years. Fewer than 1 out of 100 women become pregnant using IUC.
- **Progestin implant.** Recently approved for use in the United States, this implant is inserted under the skin and is effective for 3 to 5 years. The pregnancy rate is less than 1 out of 100. It can be removed if you decide to get pregnant.

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How do I choose the method that's right for me?

The best method of birth control is one that you will use consistently, meaning you will need to decide which one matches your lifestyle and your needs. You will also want to consider whether the benefits outweigh the risks.



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What benefits should I consider?

Here are some of the things you should factor into your decision:

- Does the method work? How well? What is the risk of becoming pregnant while using it?
- Is it convenient? How likely are you to remember to use it?
- How long does it work for? (Another way of thinking about this is: how often do I have to remember it?)
- Is it reversible (can I become pregnant when I want)?
- Does it have side effects, and what are they?
- The pill may provide noncontraceptive benefits that include reduction in endometrial and ovarian cancer, improvement in acne/hirsutism, and reduction in dysmenorrhea and heavy periods.

All of the hormonal methods are reversible, but they differ in how long your body may take to be ready for pregnancy.

What are the side effects?

The major side effects associated with hormonal contraception are bleeding between periods (this is most common with the mini-pill), breast tenderness, nausea, and vomiting. The side effects usually clear up as your body adjusts to the hormones, but in the meantime, it can help to take the pill in the evening or at bedtime.

For women who choose the birth control injection or implant, irregular bleeding is the most common side effect, especially in the first year. For most women, periods become fewer and lighter, but some women have heavier, longer periods.

What are the risks?

Women who use combination pills (with both estrogen and progestin) have a slightly greater chance of some rare but serious problems, such

as heart attack and stroke. The risk of these complications is higher if you are older than 35; are very overweight; have an inherited blood-clotting disorder; have diabetes, high blood pressure, or high cholesterol; or if you smoke. Women who choose IUC have a greater risk of ectopic pregnancy.

Can I reverse it?

All the hormonal methods (pill, ring, IUC, and implant) are immediately reversible upon discontinuation with the exception of the injectable form of contraceptives.

It is possible to get pregnant right after stopping the pill, but it usually takes 1 or 2 months for your periods to return to your normal, pre-pill cycle. Some women have irregular cycles, especially if their periods were irregular before they started the pill. The same is true for the vaginal ring and the transdermal patch. Because the birth control injection is long-acting, it can take some women anywhere from 9 to 18 months to become pregnant after getting the last shot. The implant contraceptive and IUC are removed in a brief office procedure. You can become pregnant anytime after they are removed.

RESOURCES

Planned Parenthood Organization

www.plannedparenthood.org/health-topics/birth-control-4211.htm

American College of Obstetricians and Gynecologists

www.acog.org/publications/patient_education/bp159.cfm

National Library of Medicine

www.nlm.nih.gov/medlineplus/ency/imagepages/19068.htm